

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name

New Hope For Youth  
Division, Department, or Region (If Applicable)

Phillip Rodriguez CEO  
Designated Agency Contact (Name, Title)

408-854-9166 Prodriguez@newhopeforyouth.org  
Area Code/Phone Number E-mail

Per:

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

California Form 802

For Official Use Only

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 31

Event Description BARRACUDA'S RAMPAGE  
Provide Title/Explanation

Date(s) 2 / 10 / 2016

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no: SAN JOSE AVENA AUTHORITY  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>New Hope For Youth</u>	<u>8</u>	<u>OUTREACH EVENT FOR YOUTH</u>

  

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

  

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Phillip Rodriguez  
Signature of Agency Head or Designee

Phillip Rodriguez  
Print Name

CEO  
Title

2/10/2016  
(Month, Day, Year)

Comment: \_\_\_\_\_